

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-878)

SERIAL NO.  
**10/512141**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER RELAYMENT		AFTER REEXAMINATION	
	IND.	DER.	IND.	DER.	IND.	DER.
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50						
TOTAL IND.	1					
TOTAL DER.	9					
TOTAL CLAIMS	10					

	IND.		DER.		IND.		DER.	
	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.								
TOTAL DER.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS